

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**DISTRICT OF SOUTH DAKOTA**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy****12/17**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Kristin</b> First Name <b>Deanne</b> Middle Name <b>Omdahl-Sheriff</b> Last Name _____ Suffix (Sr., Jr., II, III)	_____ First Name _____ Middle Name _____ Last Name _____ Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	<b>Kristin</b> First Name <b>Deanne</b> Middle Name <b>Omdahl</b> Last Name  <b>Kristin</b> First Name <b>Deanne</b> Middle Name <b>Sheriff</b> Last Name	_____ First Name _____ Middle Name _____ Last Name  _____ First Name _____ Middle Name _____ Last Name
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	xxx - xx - <u>7</u> <u>2</u> <u>9</u> <u>0</u> OR 9xx - xx - _____	xxx - xx - _____ OR 9xx - xx - _____

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☐ I have not used any business names or EINs.**My Three G's**

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live****3074 E. Bragstad Dr.**

Number Street

**Sioux Falls SD 57103**

City State ZIP Code

**Minnehaha**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy***Check one:*☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)**About Debtor 2 (Spouse Only in a Joint Case):**☐ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

*Check one:*☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under***Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_

8. How you will pay the fee ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. Have you filed for bankruptcy within the last 8 years? ☐ No
- ☒ Yes.
- District District of South Dakota - Ch 13 Disr When 05/10/2017 Case number 17-40190  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No
- ☐ Yes.
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
- District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
- District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known
11. Do you rent your residence? ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.**
- \_\_\_\_\_
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
- ☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |
- 19. How much do you estimate your assets to be worth?**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Kristin Deanne Omdahl-Sheriff  
Kristin Deanne Omdahl-Sheriff, Debtor 1

Executed on 03/20/2019  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**For your attorney, if you are represented by one****If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Thomas A. Blake** Date **03/20/2019**  
 Signature of Attorney for Debtor MM / DD / YYYY

**Thomas A. Blake**

Printed name

**Thomas A. Blake**

Firm Name

**505 W. 9th St., Ste. 202**

Number Street

**Sioux Falls**

City

**SD**

State

**57104**

ZIP Code

Contact phone **(605) 336-1216**Email address **legaladvice@tblakelaw.com****133**

Bar number

**SD**

State



**Fill in this information to identify your case:**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH DAKOTA</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$0.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$9,943.41</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$9,943.41</b>

**Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D....	<b>\$0.00</b>
--	---------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$4,266.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>+</b> <b>\$310,662.00</b>

Your total liabilities

**\$314,928.00****Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$4,024.58</b>
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5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$4,010.00</b>
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Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$5,284.30****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$4,266.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$186,862.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$191,128.00</b>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH DAKOTA</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

**\$0.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1.	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make: <b>Ford</b>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model: <b>Escape</b>	<input checked="" type="checkbox"/> Debtor 1 only		
Year: <b>2004</b>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: <b>196,000</b>	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<b>\$500.00</b>	<b>\$500.00</b>
Other information:	<input type="checkbox"/> At least one of the debtors and another		
<b>2004 Ford Escape (approx. 196,000 miles)</b>	<input type="checkbox"/> Check if this is community property (see instructions)		
3.2.	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make: <b>Dodge</b>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model: <b>Caravan</b>	<input checked="" type="checkbox"/> Debtor 1 only		
Year: <b>2001</b>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: <b>187,000</b>	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<b>\$500.00</b>	<b>\$500.00</b>
Other information:	<input type="checkbox"/> At least one of the debtors and another		
<b>2001 Dodge Caravan (approx. 187,000 miles)(Odometer broken at 182,000 - estimated miles)</b>	<input type="checkbox"/> Check if this is community property (see instructions)		

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any****entries for pages you have attached for Part 2. Write that number here.....** →**\$1,000.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe..... **See continuation page(s).**

**\$1,130.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe..... **See continuation page(s).**

**\$465.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No  
☐ Yes. Describe.....

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No  
☒ Yes. Describe..... **Children's bikes (2)**

**\$20.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No  
☐ Yes. Describe.....

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No  
☒ Yes. Describe..... **Clothing**

**\$1,000.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No  
☒ Yes. Describe..... **Jewelry**

**\$100.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses

- ☐ No  
☒ Yes. Describe..... **Dogs (2)**

**\$50.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No  
☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....****\$2,765.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No  
☒ Yes..... Cash: ..... **\$6.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes..... Institution name:
- |                                |  |                |
|--------------------------------|--|----------------|
| 17.1. Checking account:        | <b>Checking account - First National Bank</b>              | <b>\$2.19</b>  |
| 17.2. Checking account:        | <b>Checking account - Daughter's - First National Bank</b> | <b>\$13.96</b> |
| 17.3. Savings account:         | <b>Savings account - First National Bank</b>               | <b>\$1.00</b>  |
| 17.4. Savings account:         | <b>Savings account - Daughter's - First National Bank</b>  | <b>\$1.00</b>  |
| 17.5. Other financial account: | <b>Bank One Vibe Debit Card</b>                            | <b>\$2.45</b>  |

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each

account separately. Type of account: Institution name:

IRA:

Roth IRA from Employer - Montgomery Furniture\$618.41**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☒ Yes.....

Institution name or individual:

Security deposit on rental unit: Landlord Deposit\$1,225.00**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description:**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them \_\_\_\_\_**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them \_\_\_\_\_**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them \_\_\_\_\_**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**Federal: 2018 Income tax refund (\$3,176) & Pro rata share of the 2019 Income Tax refund. (See line 30). Amt: Unknown**Federal: UnknownState: \$0.00Local: \$0.00

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☐ No☒ Yes. Give specific information **(1) Earned but unpaid wages, (2) accrued vacation time, (3) 2018 Income Tax Refund; and (4) pro rata share of the 2019 Federal Income Tax refund up to allowed exemption of \$7,000.** **\$4,269.82****31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**Term Life Insurance (no cash value)****\$0.00****Medical Flex Account****\$7.58****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No☐ Yes. Give specific information \_\_\_\_\_**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim..... \_\_\_\_\_**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim..... \_\_\_\_\_**35. Any financial assets you did not already list**☐ No☒ Yes. Give specific information **Unclaimed property through state website.** **\$31.00****36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$6,178.41****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.. \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe.. \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No  
☐ Yes. Describe.. \_\_\_\_\_

**41. Inventory**

- ☒ No  
☐ Yes. Describe.. \_\_\_\_\_

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe..... Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe..... \_\_\_\_\_

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

→ \$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes.... \_\_\_\_\_



Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**48. Crops--either growing or harvested**☒ No☐ Yes. Give specific information.....**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes....**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes....**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information.....**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....** →**\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.**54. Add the dollar value of all of your entries from Part 7. Write that number here.....** →**\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2.....** →**\$0.00****56. Part 2: Total vehicles, line 5**\$1,000.00**57. Part 3: Total personal and household items, line 15**\$2,765.00**58. Part 4: Total financial assets, line 36**\$6,178.41**59. Part 5: Total business-related property, line 45**\$0.00**60. Part 6: Total farm- and fishing-related property, line 52**\$0.00**61. Part 7: Total other property not listed, line 54****+** \$0.00**62. Total personal property. Add lines 56 through 61.....**\$9,943.41Copy personal  
property total →**+** \$9,943.41**63. Total of all property on Schedule A/B. Add line 55 + line 62.....**\$9,943.41

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings (details):**

Sofa	<u>\$50.00</u>
Chairs (3)	<u>\$30.00</u>
Rug	<u>\$10.00</u>
Lamps (2)	<u>\$10.00</u>
Picture frames	<u>\$10.00</u>
Tables (2)	<u>\$20.00</u>
Dresser	<u>\$10.00</u>
Table	<u>\$25.00</u>
Chairs	<u>\$25.00</u>
Hutch	<u>\$25.00</u>
Rug	<u>\$10.00</u>
Kitchen rugs	<u>\$15.00</u>
Pots/pans	<u>\$30.00</u>
Plates	<u>\$20.00</u>
Glasses	<u>\$20.00</u>
Small appliances	<u>\$30.00</u>
Bed (3)	<u>\$150.00</u>
Dressers (8)	<u>\$120.00</u>
Lamps (4)	<u>\$40.00</u>
Lamp	<u>\$5.00</u>
Toys	<u>\$45.00</u>
Bed	<u>\$30.00</u>
Freezer	<u>\$25.00</u>
Snow shovels	<u>\$10.00</u>
Lawn items	<u>\$20.00</u>
Couch	<u>\$10.00</u>
Entertainment Center	<u>\$20.00</u>
Washer/dryer	<u>\$100.00</u>
Vacuum	<u>\$10.00</u>
Mattress (old)	<u>\$10.00</u>
Misc. knick-knacks	<u>\$100.00</u>
Tools	<u>\$60.00</u>
Gas grill	<u>\$25.00</u>

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_

**Patio furniture** \$10.00

7. Electronics (details):

**TV** \$25.00

**TV (4)** \$200.00

**DVD players (5)** \$50.00

**Cell phones (3)** \$90.00

**Tablets (2)** \$100.00

**Fill in this information to identify your case:**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>DISTRICT OF SOUTH DAKOTA</b>		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: <b>2004 Ford Escape (approx. 196,000 miles)</b> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>SDCL § 43-45-4</b>
Brief description: <b>2001 Dodge Caravan (approx. 187,000 miles)(Odometer broken at 182,000 - estimated miles)</b> Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>SDCL § 43-45-4</b>

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--------------------------------------	-----------------------------------	------------------------------------

Copy the value from Schedule A/B	Check only one box for each exemption
----------------------------------	---------------------------------------

Brief description:  
**Sofa**Line from Schedule A/B: 6\$50.00\$50.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Chairs (3)**Line from Schedule A/B: 6\$30.00\$30.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Rug**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Lamps (2)**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Picture frames**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Tables (2)**Line from Schedule A/B: 6\$20.00\$20.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Dresser**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Table**Line from Schedule A/B: 6\$25.00\$25.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Chairs**Line from Schedule A/B: 6\$25.00\$25.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
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Copy the value from Schedule A/B	Check only one box for each exemption
----------------------------------	---------------------------------------

Brief description:  
**Hutch**Line from Schedule A/B: 6\$25.00\$25.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Rug**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Kitchen rugs**Line from Schedule A/B: 6\$15.00\$15.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Pots/pans**Line from Schedule A/B: 6\$30.00\$30.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Plates**Line from Schedule A/B: 6\$20.00\$20.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Glasses**Line from Schedule A/B: 6\$20.00\$20.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Small appliances**Line from Schedule A/B: 6\$30.00\$30.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Bed (3)**Line from Schedule A/B: 6\$150.00\$150.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Dressers (8)**Line from Schedule A/B: 6\$120.00\$120.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
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Copy the value from Schedule A/B	Check only one box for each exemption
----------------------------------	---------------------------------------

Brief description:  
**Lamps (4)**Line from Schedule A/B: 6\$40.00\$40.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Lamp**Line from Schedule A/B: 6\$5.00\$5.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Toys**Line from Schedule A/B: 6\$45.00\$45.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Bed**Line from Schedule A/B: 6\$30.00\$30.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Freezer**Line from Schedule A/B: 6\$25.00\$25.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Snow shovels**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Lawn items**Line from Schedule A/B: 6\$20.00\$20.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Couch**Line from Schedule A/B: 6\$10.00\$10.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Brief description:  
**Entertainment Center**Line from Schedule A/B: 6\$20.00\$20.00**SDCL § 43-45-4**

100% of fair market value, up to any applicable statutory limit

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--------------------------------------	-----------------------------------	------------------------------------

Copy the value from Schedule A/B	Check only one box for each exemption
----------------------------------	---------------------------------------

Brief description:  
**Washer/dryer**Line from Schedule A/B: 6\$100.00\$100.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**Vacuum**Line from Schedule A/B: 6\$10.00\$10.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**Mattress (old)**Line from Schedule A/B: 6\$10.00\$10.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**Misc. knick-knacks**Line from Schedule A/B: 6\$100.00\$100.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**Tools**Line from Schedule A/B: 6\$60.00\$60.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**Gas grill**Line from Schedule A/B: 6\$25.00\$25.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**Patio furniture**Line from Schedule A/B: 6\$10.00\$10.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**TV**Line from Schedule A/B: 7\$25.00\$25.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**Brief description:  
**TV (4)**Line from Schedule A/B: 7\$200.00\$200.00

100% of fair market value, up to any applicable statutory limit

**SDCL § 43-45-4**



Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>DVD players (5)</b> Line from Schedule A/B: <u>7</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Cell phones (3)</b> Line from Schedule A/B: <u>7</u>	<u>\$90.00</u>	<input checked="" type="checkbox"/> <u>\$90.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Tablets (2)</b> Line from Schedule A/B: <u>7</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Children's bikes (2)</b> Line from Schedule A/B: <u>9</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Clothing</b> Line from Schedule A/B: <u>11</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-2(1-3), (5,6)
Brief description: <b>Jewelry</b> Line from Schedule A/B: <u>12</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-2(1-3), (5,6)
Brief description: <b>Dogs (2)</b> Line from Schedule A/B: <u>13</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Cash on hand</b> Line from Schedule A/B: <u>16</u>	<u>\$6.00</u>	<input checked="" type="checkbox"/> <u>\$6.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Checking account - First National Bank</b> Line from Schedule A/B: <u>17.1</u>	<u>\$2.19</u>	<input checked="" type="checkbox"/> <u>\$2.19</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>Checking account - Daughter's - First National Bank</b> Line from Schedule A/B: <u>17.2</u>	<u>\$13.96</u>	<input checked="" type="checkbox"/> <u>\$13.96</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Savings account - First National Bank</b> Line from Schedule A/B: <u>17.3</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Savings account - Daughter's - First National Bank</b> Line from Schedule A/B: <u>17.4</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Bank One Vibe Debit Card</b> Line from Schedule A/B: <u>17.5</u>	<u>\$2.45</u>	<input checked="" type="checkbox"/> <u>\$2.45</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Roth IRA from Employer - Montgomery Furniture</b> Line from Schedule A/B: <u>21</u>	<u>\$618.41</u>	<input checked="" type="checkbox"/> <u>\$618.41</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
Brief description: <b>(1) Earned but unpaid wages, (2) accrued vacation time, (3) 2018 Income Tax Refund; and (4) pro rata share of the 2019 Federal Income Tax refund up to allowed exemption of \$7,000.</b> Line from Schedule A/B: <u>30</u>	<u>\$4,269.82</u>	<input checked="" type="checkbox"/> <u>\$4,269.82</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Medical Flex Account</b> Line from Schedule A/B: <u>31</u>	<u>\$7.58</u>	<input checked="" type="checkbox"/> <u>\$7.58</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: <b>Unclaimed property through state website.</b> Line from Schedule A/B: <u>35</u>	<u>\$31.00</u>	<input checked="" type="checkbox"/> <u>\$31.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH DAKOTA  
SOUTHERN DIVISION (SIOUX FALLS)**

IN RE: **Kristin Deanne Omdahl-Sheriff**

CASE NO

CHAPTER **7**

**TOTALS BY EXEMPTION LAW**

Exemption Law	Husband	Wife	Joint	Community	N/A	Exemption Total	Market Value Total
11 U.S.C. § 522(b)(3)(C)	\$0.00	\$0.00	\$0.00	\$0.00	\$618.41	\$618.41	\$618.41
SDCL § 43-45-2(1-3), (5,6)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,100.00	\$1,100.00	\$1,100.00
SDCL § 43-45-4	\$0.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$7,000.00	\$7,000.00

**Fill in this information to identify your case:**

Debtor 1 Kristin Deanne Omdahl-Sheriff  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA

Case number  
 (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
 Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
 If any

2.1

**Describe the property that secures the claim:**

Creditor's name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$0.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$0.00**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH DAKOTA</b>			
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
\$4,266.00	\$4,266.00	\$0.00

## 2.1

## Internal Revenue Service

Priority Creditor's Name

**PO Box 7346**

Number	Street
--------	--------

Last 4 digits of account number	7	2	9	0
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**When was the debt incurred?**      **2013**

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Philadelphia

PA

19101-7346

City	State	ZIP Code
------	-------	----------

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify \_\_\_\_\_

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim****\$4,005.00**

4.1

**13/7, LLC**

Nonpriority Creditor's Name

**PO Box 1931**

Number Street

**Burlingame**

City

**CA 94011**

State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Collecting for**

4.2

**Accounts Management, Inc.**

Nonpriority Creditor's Name

**PO Box 1843**

Number Street

**Sioux Falls**

City

**SD 57101**

State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number 7 4 1 4**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Minnehaha County Judgment****\$1,539.00****1214436; 1192851; 1173413; 1212836; 1213116; 971191; 974968; 720553; 797654**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.3****\$20,861.00****Accounts Management, Inc.**

Nonpriority Creditor's Name

**PO Box 1843**

Number Street

**Sioux Falls****SD 57101**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.4****\$17,317.00****Accounts Management, Inc.**

Nonpriority Creditor's Name

**PO Box 1843**

Number Street

**Sioux Falls****SD 57101**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.5****\$19,295.00****Accounts Management, Inc.**

Nonpriority Creditor's Name

**PO Box 1843**

Number Street

**Sioux Falls****SD 57101**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 7 8 2 8**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditors**Last 4 digits of account number 7 2 9 0**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -**Last 4 digits of account number 0 8 6 5**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Minnehaha County Judgment**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$25.00**

4.6

**Accounts Management, Inc.**

Nonpriority Creditor's Name

**PO Box 1843**

Number Street

**Sioux Falls****SD****57101**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7 2 0 6**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor**

4.7

**All City Pet Care (South)**

Nonpriority Creditor's Name

**3508 S. Minnesota Ave. Ste 102**

Number Street

**Sioux Falls****SD****57105**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Vet Services****\$187.00**

4.8

**Amplify Gunding**

Nonpriority Creditor's Name

**PO Box 542**

Number Street

**Lac Du Flambeau****WI****54538**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor****Unknown**



Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$404.00**

4.9

**Anesthesiology Associates, Inc.**

Nonpriority Creditor's Name

**PO Box 2756**

Number Street

Last 4 digits of account number 6 5 2 2

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****Sioux Falls SD 57101-2756**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.10

**Avera Health**

Nonpriority Creditor's Name

**PO Box 8**

Number Street

Last 4 digits of account number 4 2 7 9

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****Mitchell SD 57301**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$1,405.00**

4.11

**Avera McGreevy Clinic**

Nonpriority Creditor's Name

**PO Box 86430**

Number Street

Last 4 digits of account number 6 5 7 3

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****Sioux Falls SD 57118**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$3,094.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$472.00**

4.12

**Avera McKennan Hospital**

Nonpriority Creditor's Name

**& University Health Center**

Number Street

**PO Box 5045****Sioux Falls****SD 57117-5045**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 0 5 6 7**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense**

4.13

**Avera McKennan Hospital**

Nonpriority Creditor's Name

**& University Health Center**

Number Street

**PO Box 5045****Sioux Falls****SD 57117-5045**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 5 1 3 8**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****\$1,165.00**

4.14

**Avera Medical Group**

Nonpriority Creditor's Name

**PO Box 86370**

Number Street

**Sioux Falls****SD 57118-6370**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 9 3 3 8**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****\$230.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$67.00**

4.15

**Avera Radiology**

Nonpriority Creditor's Name

**PO Box 86370**

Number Street

Last 4 digits of account number 9 3 3 8

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls SD 57118-6370**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense**

4.16

**\$1,323.00****Avera Specialty Clinics**

Nonpriority Creditor's Name

**PO Box 86370**

Number Street

Last 4 digits of account number 9 3 3 8

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls SD 57118**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense**

4.17

**\$166.00****Avera Specialty Clinics**

Nonpriority Creditor's Name

**PO Box 86370**

Number Street

Last 4 digits of account number 8 3 5 0

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls SD 57118**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$1,165.00**

4.18

**Barclays Bank Delaware**

Nonpriority Creditor's Name

**Attn: Collection Operations**

Number Street

**PO Box 8833****Wilmington****DE****19899-8833**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 9 1 7**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.19

**BC Services**

Nonpriority Creditor's Name

**PO Box 1317**

Number Street

**Longmont****CO****80502-1317**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 7 1 5 6**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor****\$1,086.00**

4.20

**Capital One, N.A.**

Nonpriority Creditor's Name

**C/O Becket and Lee LLP**

Number Street

**PO Box 3001****Malvern****PA****19355-0701**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card****\$593.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$963.00**

4.21

**Chexcel**

Nonpriority Creditor's Name

**PO Box 8195**

Number Street

Last 4 digits of account number 8 7 8 9

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Rapid City****SD 57709**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for NSF Checks****\$2,496.00**

4.22

**Clark County Collection Service LLC**

Nonpriority Creditor's Name

**901 W. 10th St.**

Number Street

Last 4 digits of account number 2 1 1 8

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls****SD 57104**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Minnehaha County Judgment****\$340.00**

4.23

**Comenity Bank/Dressbarn**

Nonpriority Creditor's Name

**Attn: Bankruptcy Department**

Number Street

**PO Box 183043**Last 4 digits of account number 6 9 6 8

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Columbus****OH 43218-3043**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$306.00**

4.24

**Comenity Bank/Loft**

Nonpriority Creditor's Name

**Att: Bankruptcy Dept.**

Number Street

**PO Box 182125****Columbus****OH****43218-2125**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.25

**Core Orthopedics**

Nonpriority Creditor's Name

**2908 E. 26th St.**

Number Street

**Sioux Falls****SD****57103**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.26

**Credit Collections Bureau**

Nonpriority Creditor's Name

**410 Sheridan Lake Road**

Number Street

**PO Box 9490****Rapid City****SD****57709**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 4 7 9**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

Last 4 digits of account number 7 5 8 2**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Expense**

Last 4 digits of account number 3 3 9 4**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Minnehaha County Judgment**

**\$465.00****\$724.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**4.27\$2,459.00**Credit Collections Bureau**

Nonpriority Creditor's Name

**Professional Debt Collectors**

Number Street

**PO Box 90508****Sioux Falls****SD****57109-0508**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.28\$358.00**Credit One Bank**

Nonpriority Creditor's Name

**P.O. Box 98873**

Number Street

**Las Vegas****NV****89193-8873**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.29\$79.00**DirectTV, LLC**

Nonpriority Creditor's Name

**American InfoSource LP as agent**

Number Street

**PO Box 5008****Carol Stream****IL****60197-5008**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 4 4 5 7**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor**Last 4 digits of account number 8 4 4 4**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Services**



Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$373.00**

4.30

**Diversified Adjustment**

Nonpriority Creditor's Name

**600 Coon Rapids Blvd. NW**

Number Street

**Coon Rapids****MN****55433**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 4 1 0

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor**

4.31

**Exeter Finance Corp.**

Nonpriority Creditor's Name

**PO Box 166008**

Number Street

**Irving****TX****75016**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 8 5 1

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Deficiency on 2009 Chrysler Town N Country****\$10,009.00**

4.32

**Farm Bureau Property & Casualty**

Nonpriority Creditor's Name

**Insurance Company**

Number Street

**South Dakota Regional Office****5400 University Ave****West Des Moines****IA****50266-5997**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 6 1 5

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Insurance Services****\$554.00**



Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$430.00**

4.33

**First National Collection Bureau**

Nonpriority Creditor's Name

**610 Waltham Way**

Number Street

Last 4 digits of account number 8 7 2 0

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sparks****NV****89434**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor****\$485.00**

4.34

**First Premier Bank**

Nonpriority Creditor's Name

**3820 N Louise Ave**

Number Street

Last 4 digits of account number     N  A  

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls****SD****57107-0145**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Bank Fees****\$184.00**

4.35

**Gentry Finance Corp.**

Nonpriority Creditor's Name

**1026 N Minnesota Ave**

Number Street

Last 4 digits of account number 6 9 1 2

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls****SD****57104**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Minnehaha County Judgment**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$340.00****4.36****Global Payments Check Services**

Nonpriority Creditor's Name

**PO Box 661038**

Number Street

**Chicago****IL****60666-1038**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Returned Checks****\$1,086.00****4.37****Great Western Bank**

Nonpriority Creditor's Name

**BC Services, Inc.**

Number Street

**550 Disc Dr****Longmont****CO****80503**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Loan****\$467.00****4.38****HSBC Card Services**

Nonpriority Creditor's Name

**PO Box 5222**

Number Street

**Carol Stream****IL****60197-5222**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1 4 9 5****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$354.00**

4.39

**Jefferson Capital Systems, LLC**

Nonpriority Creditor's Name

**PO Box 7999**

Number Street

**Saint Cloud****MN****56302-9617**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.40

**Kohl's Credit**

Nonpriority Creditor's Name

**PO Box 3084**

Number Street

**Milwaukee****WI****53201-3120**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.41

**LVNV Funding, LLC its successors and**

Nonpriority Creditor's Name

**assigns as assignee of FNB, LLC**

Number Street

**Resurgent Capital Services****PO Box 10587****Greenville****SD****29603-0587**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for****\$405.00****\$625.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$345.00**

4.42

**Macy's**

Nonpriority Creditor's Name

**Bankruptcy Processing**

Number Street

**PO Box 8097****Mason****OH****45040**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 9 4 0

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.43

**Mattress Firm**

Nonpriority Creditor's Name

**4205 W. 41st St.**

Number Street

**Sioux Falls****SD****57106**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchases****\$1,077.00**

4.44

**MetLife Auto & Home**

Nonpriority Creditor's Name

**PO Box 55126**

Number Street

**Boston****MA****02205-5126**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 8 9 2

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Insurance Services****\$400.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$2,519.00**

4.45

**Midcontinent Communications**

Nonpriority Creditor's Name

**PO Box 5010**

Number Street

Last 4 digits of account number 0 3 1 1

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Services****Sioux Falls****SD 57117-5010**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.46

**Midland Credit Management**

Nonpriority Creditor's Name

**2365 Northside Drive Ste. 300**

Number Street

Last 4 digits of account number 9 7 7 9

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor****San Diego****CA 92108**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.47

**Midland Funding, LLC**

Nonpriority Creditor's Name

**PO Box 2001**

Number Street

Last 4 digits of account number 0 4 8 7

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for****Warren****MI 48090**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$717.00**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$772.00****4.48****Midwest Ear Nose and Throat**

Nonpriority Creditor's Name

**2315 W. 57th St.**

Number Street

Last 4 digits of account number 1 7 1 7

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls SD 57108**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****4.49****\$30,287.00****Navient Solutions, LLC on behalf of**

Nonpriority Creditor's Name

**Great Lakes Higher Education Corp**

Number Street

**2401 International Lane**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Madison WI 53704**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**4.50****\$370.00****NCS, Inc.**

Nonpriority Creditor's Name

**705 Douglas St. Ste 344**

Number Street

Last 4 digits of account number 1 7 2 5

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux City IA 51101**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****Unknown**

4.51

**Niibin LLC dba Cash Aisle**

Nonpriority Creditor's Name

**Collections Department**

Number Street

**PO Box 572****Lac du Flambeau****WI****54538**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 7 7 8 1

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Unknown Debt****\$1,500.00**

4.52

**North American Title Loans**

Nonpriority Creditor's Name

**1212 E. 10th St.**

Number Street

**Sioux Falls****SD****57103-1709**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Deficiency on Repossessed Vehicle****\$167.00**

4.53

**Novak Sanitary Service**

Nonpriority Creditor's Name

**5000 W. 8th Street**

Number Street

**Sioux Falls****SD****57107**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 9 3 4

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility Services**



Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.54

**\$25.00****Physicians Laboratory, LTD**

Nonpriority Creditor's Name

**PO Box 5050**

Number Street

Last 4 digits of account number 7 6 2 0

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls SD 57117-5050**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Expense****\$4,004.00**

4.55

**Plaza Services**

Nonpriority Creditor's Name

**110 Hammond Drive**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Atlanta GA 30328**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Returned Checks****Check-N-Go #12**



Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$444.00**

4.56

**Portfolio Recovery Associates**

Nonpriority Creditor's Name

**PO Box 41067**

Number Street

**Norfolk VA 23541-1067**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 7 2 6 6**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor**

4.57

**Portfolio Recovery Associates**

Nonpriority Creditor's Name

**PO Box 41067**

Number Street

**Norfolk VA 23541-1067**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 3 3 8 0**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Creditor****\$410.00**

4.58

**Premier Bankcard, LLC**

Nonpriority Creditor's Name

**C/O Jefferson Capital Systems, LLC**

Number Street

**P.O. Box 7999****Saint Cloud MN 56302-9617**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card****\$429.00**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$448.00**

4.59

**Progressive Insurance Co.**

Nonpriority Creditor's Name

**PO Box 55126**

Number Street

**Boston MA 02205-5126**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Insurance Services**

4.60

**Progressive Leasing**

Nonpriority Creditor's Name

**256 Data Drive**

Number Street

**Draper UT 84020**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 2 8 2 8

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Furniture Loan****\$827.00**

4.61

**Purchasing Power**

Nonpriority Creditor's Name

**1349 W. Peachtree St. NW #1100**

Number Street

**Atlanta GA 30309**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 1 1 1

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchases****\$5,114.00**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$3,248.00**

4.62

**Quality Lenders**

Nonpriority Creditor's Name

**3404 S. Marion Road**

Number Street

**Sioux Falls****SD****57106**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 4 6 1**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Minnehaha County Judgment**

4.63

**Quantum3 Group, LLC**

Nonpriority Creditor's Name

**MOMA Funding, LLC**

Number Street

**PO Box 788****Kirkland****WA****98083-0788**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Loan****\$473.00**

4.64

**Quantum3 Group, LLC as agent for**

Nonpriority Creditor's Name

**MOMA Funding, LLC**

Number Street

**PO Box 788****Kirkland****WA****98083-0788**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Loan****\$390.00**

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$153.00**

4.65

**Sensational Smiles**

Nonpriority Creditor's Name

**Dentistry Partnership**

Number Street

**6301 S. Minnesota Ave. Ste. 100****Sioux Falls****SD****57108-2529**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.66

**U.S. Department of Education**

Nonpriority Creditor's Name

**C/O Nelnet**

Number Street

**121 South 13th Street Suite 201****Lincoln****NE****68508**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.67

**Verizon**

Nonpriority Creditor's Name

**by American InfoSource LP as agent**

Number Street

**4515 N. Santa Fe Ave.****Oklahoma City****OH****73118**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Dental Services**Last 4 digits of account number **4 7 0 6**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**\$156,575.00****\$231.00**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Cell services**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**4.68\$543.00**Wells Fargo Bank**

Nonpriority Creditor's Name

**101 N. Phillips**

Number Street

Last 4 digits of account number 1 1 9 5

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls****SD 57104**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Overdrawn closed account**4.69\$436.00**Wells Fargo Bank**

Nonpriority Creditor's Name

**101 N. Phillips**

Number Street

Last 4 digits of account number 1 1 9 6

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Sioux Falls****SD 57104**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Closed account**

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**AAA Collections, Inc.**

Name

**PO Box 881**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57101-0881**

City

State

ZIP Code

**AIS Recovery Solutions, LLC**

Name

**P.O. Box 4138**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Houston****TX****77210-4318**

City

State

ZIP Code

**Alltran Financial, LP**

Name

**PO Box 610**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Saul Rapids****MN****56379-0610**

City

State

ZIP Code

**Avera Home Medical Equipment**

Name

**PO Box 5045**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57110-5045**

City

State

ZIP Code

**Avera McGreevy Clinic**

Name

**PO Box 86430**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57118**

City

State

ZIP Code

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Avera McGreevy Clinic**

Name

**PO Box 86430**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57118**

City

State

ZIP Code

**Avera McGreevy Clinic**

Name

**PO Box 86430**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57118**

City

State

ZIP Code

**Avera McKennan Hospital**

Name

**& University Health Center**

Number Street

**PO Box 5045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57117-5045**

City

State

ZIP Code

**Avera McKennan Hospital**

Name

**& University Health Center**

Number Street

**PO Box 5045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57117-5045**

City

State

ZIP Code

**Avera McKennan Hospital**

Name

**& University Health Center**

Number Street

**PO Box 5045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57117-5045**

City

State

ZIP Code

**Avera Radiology**

Name

**PO Box 86370**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57118-6370**

City

State

ZIP Code

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Avera Specialty Clinics**

Name

**PO Box 86370**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57118**

City

State

ZIP Code

**Avera Specialty Clinics**

Name

**PO Box 86370**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57118**

City

State

ZIP Code

**Caine & Weiner**

Name

**PO Box 55848**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.59 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2 3 7 7**Sherman Oaks****CA****91413**

City

State

ZIP Code

**Capital One**

Name

**Attn: Bankruptcy Dept.**

Number Street

**PO Box 30285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.57 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Salt Lake City****UT****84130-0285**

City

State

ZIP Code

**Capital One**

Name

**Attn: Bankruptcy Dept.**

Number Street

**PO Box 30285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Salt Lake City****UT****84130-0285**

City

State

ZIP Code

**Capital One**

Name

**Attn: Bankruptcy Dept.**

Number Street

**PO Box 30285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Salt Lake City****UT****84130-0285**

City

State

ZIP Code



Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Capital One**

Name

**Attn: Bankruptcy Dept.**

Number Street

**PO Box 30285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Salt Lake City****UT****84130-0285**

City

State

ZIP Code

**Capital One**

Name

**Attn: Bankruptcy Dept.**

Number Street

**PO Box 30285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Salt Lake City****UT****84130-0285**

City

State

ZIP Code

**Cavalry SPV I LLC**

Name

**Cavalry Portfolio Services SPV**

Number Street

**500 Summit Lake Drive Ste. 400**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Valhalla****NY****10595**

City

State

ZIP Code

**Clark County Collection Service LLC**

Name

**8860 W. Sunset Rd. Ste 100**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Las Vegas****NV****89148**

City

State

ZIP Code

**Credit Collections Bureau**

Name

**Professional Debt Collectors**

Number Street

**PO Box 90508**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Sioux Falls****SD****57109-0508**

City

State

ZIP Code

**Department Stores National Bank**

Name

**C/O Quantum3 Group LLC**

Number Street

**PO Box 657**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Kirkland****WA****98083-0657**

City

State

ZIP Code

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Mattress Firm**

Name

**800 Walnut Street**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Des Moines****IA****50309**

City

State

ZIP Code

**Midland Funding, LLC**

Name

**PO Box 2001**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Warren****MI****48090**

City

State

ZIP Code

**Midland Funding, LLC**

Name

**PO Box 2001**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Warren****MI****48090**

City

State

ZIP Code

**Money Lenders**

Name

**c/o Wyoming Financial Lenders, Inc.**

Number Street

**11550 I Street, Suite 150**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Omaha****NE****68137**

City

State

ZIP Code

**North Central Heart Institute**

Name

**4520 W. 69th St.**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57108**

City

State

ZIP Code

**Northland Group, Inc.**

Name

**PO Box 390846**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Minneapolis****MN****55439**

City

State

ZIP Code

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Northstar Location Services, LLC**

Name

**4285 Genesee St.**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Buffalo****NY****14225**

City

State

ZIP Code

**Patrick J. Glover**

Name

**Attorney At Law**

Number Street

**315 S. Phillips Ave.**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57104**

City

State

ZIP Code

**Portfolio Recovery Associates**

Name

**PO Box 41067**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Norfolk****VA****23541-1067**

City

State

ZIP Code

**Portfolio Recovery Associates**

Name

**PO Box 41067**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Norfolk****VA****23541-1067**

City

State

ZIP Code

**Quality Lenders**

Name

**1108 W. 12th St.**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57104**

City

State

ZIP Code

**Radius Global Solutions, LLC**

Name

**PO Box 390905**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 8 0 8 4**Minneapolis****MN****55439**

City

State

ZIP Code

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Robert R. Nelson**

Name

**Attorney At Law**

Number Street

**212 E. 11th St. Ste. 200**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57104**

City

State

ZIP Code

**Royal Management**

Name

**25331 1H 10 W. Suite 101**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**San Antonio****TX****78257**

City

State

ZIP Code

**Surgical Institute of SD PC**

Name

**911 E. 20th St. Ste. 700**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57105-1049**

City

State

ZIP Code

**The Bridge System**

Name

**Division of Hauge Associates, Inc.**

Number Street

**PO Box 88610**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Sioux Falls****SD****57109-8610**

City

State

ZIP Code

**United Accounts, Inc.**

Name

**PO Box 518**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.65 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Aberdeen****SD****57402-0518**

City

State

ZIP Code

**Wollemi Acquisitions, LLC**

Name

**C/O AIS Portfolio Services**

Number Street

**4515 N. Santa Fe Ave. Dept. APS**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Oklahoma City****OK****73118**

City

State

ZIP Code

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$4,266.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$4,266.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$186,862.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$123,800.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$310,662.00</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH DAKOTA</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF SOUTH DAKOTA</b>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors****12/15**

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<u>Kristin</u>	<u>Deanne</u>	<u>Omdahl-Sheriff</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH DAKOTA</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☐ Employed  
☒ Not employed

**Occupation****Employer's name****Employer's address**

Number Street

City

State Zip Code

**Debtor 2 or non-filing spouse**

- ☐ Employed  
☐ Not employed

Number Street

City

State Zip Code

How long employed there? January 29, 2018**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$4,772.12</u>	_____
<b>3. Estimate and list monthly overtime pay.</b>	3. + <u>\$0.00</u>	_____
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. <u>\$4,772.12</u>	_____



Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$4,772.12</b>	
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$491.19</b>	
5b. Mandatory contributions for retirement plans	5b. <b>\$0.00</b>	
5c. Voluntary contributions for retirement plans	5c. <b>\$0.00</b>	
5d. Required repayments of retirement fund loans	5d. <b>\$0.00</b>	
5e. Insurance	5e. <b>\$0.00</b>	
5f. Domestic support obligations	5f. <b>\$0.00</b>	
5g. Union dues	5g. <b>\$0.00</b>	
5h. Other deductions. Specify: <b>See continuation sheet</b>	5h. + <b>\$768.54</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <b>\$1,259.73</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$3,512.39</b>	
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <b>\$0.00</b>	
8b. Interest and dividends	8b. <b>\$0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <b>\$0.00</b>	
8d. Unemployment compensation	8d. <b>\$0.00</b>	
8e. Social Security	8e. <b>\$0.00</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <b>\$0.00</b>	
8g. Pension or retirement income	8g. <b>\$0.00</b>	
8h. Other monthly income. Specify: <b>Child Support (sporadic)</b>	8h. + <b>\$512.19</b>	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$512.19</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$4,024.58</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <b>\$0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <b>\$4,024.58</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <b>None</b> <input type="checkbox"/> Yes. Explain: _____		

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

5h. Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
<u>Dental Ins.</u>	<u>\$105.02</u>	<u>          </u>
<u>Vision Ins.</u>	<u>\$18.54</u>	<u>          </u>
<u>Supplemental Life Ins.</u>	<u>\$69.78</u>	<u>          </u>
<u>Flex Medical</u>	<u>\$225.00</u>	<u>          </u>
<u>AFLAC - Pre</u>	<u>\$163.92</u>	<u>          </u>
<u>AFLAC - Post</u>	<u>\$65.52</u>	<u>          </u>
<u>Insurance</u>	<u>\$120.76</u>	<u>          </u>
Totals:	<u>\$768.54</u>	<u>          </u>

**Fill in this information to identify your case:**

Debtor 1 Kristin Deanne Omdahl-Sheriff  
 First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) \_\_\_\_\_  
 First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA

Case number (if known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	17	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	14	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Daughter	10	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**  
 Include first mortgage payments and any rent for the ground or lot.  
**If not included in line 4:**

4. \$1,225.00

4a. Real estate taxes

4a. \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \$50.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$25.00

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Your expenses**

<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	5.	_____
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas (See continuation sheet(s) for details)	6a.	<u>\$250.00</u>
6b. Water, sewer, garbage collection (See continuation sheet(s) for details)	6b.	<u>\$120.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details)	6c.	<u>\$226.00</u>
6d. Other. Specify: _____	6d.	_____
<b>7. Food and housekeeping supplies</b>	7.	<u>\$500.00</u>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<u>\$200.00</u>
<b>10. Personal care products and services</b>	10.	<u>\$60.00</u>
<b>11. Medical and dental expenses</b>	11.	<u>\$150.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$250.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$100.00</u>
<b>14. Charitable contributions and religious donations</b>	14.	<u>\$80.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$228.00</u>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: See continuation sheet 21. + \$546.00

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a. <u>\$4,010.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$4,010.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$4,024.58</u>
23b. Copy your monthly expenses from line 22c above.	23b. - <u>\$4,010.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$14.58</u>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes. Explain here:**None.**

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**6a. Electricity, heat, natural gas (details):**

Gas	\$85.00
Electric	\$165.00

Total:	<u>\$250.00</u>
--------	-----------------

**6b. Water, sewer, garbage collection (details):**

Garbage	\$35.00
Water/sewer	\$85.00

Total:	<u>\$120.00</u>
--------	-----------------

**6c. Telephone, cell phone, Internet, satellite, and cable services (details):**

Cell phones	\$156.00
Cable/internet	\$55.00
Netflix	\$15.00

Total:	<u>\$226.00</u>
--------	-----------------

**21. Other. Specify:**

Misc.	\$150.00
School Lunches	\$130.00
Pet expense	\$50.00
After school care	\$216.00

Total:	<u>\$546.00</u>
--------	-----------------

**Fill in this information to identify your case:**

Debtor 1	<u>Kristin</u>	<u>Deanne</u>	<u>Omdahl-Sheriff</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH DAKOTA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kristin Deanne Omdahl-Sheriff  
Kristin Deanne Omdahl-Sheriff, Debtor 1

Date 03/20/2019  
MM / DD / YYYY

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1 **Kristin** **Deanne** **Omdahl-Sheriff**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH DAKOTA**

Case number  
 (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1:****Dates Debtor 1 lived there****Debtor 2:****Dates Debtor 2 lived there**☐ Same as Debtor 1☐ Same as Debtor 1**3812 S. Slayton Park Dr.**

Number Street

From **March 2017**To **June 2018**

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

**Sioux Falls SD 57103**

City State ZIP Code

City State ZIP Code

**Debtor 1:****Dates Debtor 1 lived there****Debtor 2:****Dates Debtor 2 lived there**☐ Same as Debtor 1☐ Same as Debtor 1**5605 W. 45th St.**

Number Street

From **January 2012**To **March 2017**

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

**Sioux Falls SD 57106**

City State ZIP Code

City State ZIP Code

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).



Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$14,711.54</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$54,098.00</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$68,369.00</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<b>Child Support Monthly</b>	<b>\$458.18</b>
<b>For the last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<b>Child Support Monthly</b>	<b>\$496.00</b>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<b>Child Support Monthly</b>	<b>\$496.00</b>

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
<b>Exeter Finance Corp.</b>	<b>Repossession of 2009 Chrysler</b>	<b>May 2018</b>	
Creditor's Name	Town & Country (no equity)		

Number Street

**Explain what happened**

- ☒ Property was repossessed.  
☐ Property was foreclosed.  
☐ Property was garnished.  
☐ Property was attached, seized, or levied.

City State ZIP Code

	Describe the property	Date	Value of the property
<b>Salvage Yard</b>	<b>2001 Mazda 626 (junk) taken to Salvage</b>	<b>January 2018</b>	
Creditor's Name	yard		

Number Street

**Explain what happened**

- ☐ Property was repossessed.  
☐ Property was foreclosed.  
☐ Property was garnished.  
☐ Property was attached, seized, or levied.

City State ZIP Code

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No  
☐ Yes. Fill in the details for each gift.

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☒ No  
☐ Yes. Fill in the details.

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

**Thomas A. Blake**

Person Who Was Paid

**505 W. Ninth Street, Suite 202**

Number Street

**Sioux Falls**

City

**SD**

State

**57104**

ZIP Code

Description and value of any property transferred  
See Attorney Disclosure Statement Attached.Date payment  
or transfer was  
madeAmount of  
payment

Email or website address

Person Who Made the Payment, if Not You

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Kristin Deanne Omdahl-Sheriff**

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units****20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Wells Fargo Bank (closed)</b> Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- ____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____
<b>Wells Fargo Bank (closed)</b> Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- ____	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____
<b>Wells Fargo Bank - Daughter's (closed)</b> Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- ____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

Debtor 1	<b>Kristin Deanne Omdahl-Sheriff</b>	Case number (if known) _____	
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	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>First National Bank (open)</b> Name of Financial Institution _____ Number Street _____ _____ City State ZIP Code	XXXX- _ _ _ _	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	\$2.19
<b>First National Bank (open)</b> Name of Financial Institution _____ Number Street _____ _____ City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	\$1.00
<b>Bank One (Vibe) Debit Card - (open)</b> Name of Financial Institution _____ Number Street _____ _____ City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <b>Debit Card</b>	_____	\$2.45
<b>First National Bank (Daughter's) (open)</b> Name of Financial Institution _____ Number Street _____ _____ City State ZIP Code	XXXX- _ _ _ _	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	\$13.96

Debtor 1 <b>Kristin Deanne Omdahl-Sheriff</b>		Case number (if known) _____		
	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>First National Bank - Daughter's (open)</b>				
Name of Financial Institution		XXXX- _ _ _ _		<b>\$1.00</b>
Number _____ Street _____		<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		
City _____ State _____ ZIP Code _____				

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

**My Three G's**

Business Name

**a S.D. Sole Proprietorship**

Number Street

**Describe the nature of the business**  
**fdba Home craft shows - selling decorative frames**

**Name of accountant or bookkeeper**

**Employer Identification number**

**Do not include Social Security number or ITIN.**

**EIN:** \_\_\_\_\_

**Dates business existed**

**From** 12/2014 **To** 12/2016

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No  
☐ Yes. Fill in the details below.



Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_

### Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Kristin Deanne Omdahl-Sheriff  
Kristin Deanne Omdahl-Sheriff, Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date 03/20/2019

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1	<b>Kristin</b>	<b>Deanne</b>	<b>Omdahl-Sheriff</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>DISTRICT OF SOUTH DAKOTA</b>		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Hold Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Debtor 1 Kristin Deanne Omdahl-Sheriff Case number (if known) \_\_\_\_\_

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Kristin Deanne Omdahl-Sheriff  
Kristin Deanne Omdahl-Sheriff, Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date 03/20/2019  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1 Kristin Deanne Omdahl-Sheriff  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA

Case number  
 (if known) \_\_\_\_\_

**Check one box only as directed in this form and in Form 122A-1Supp:**

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status?** Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	<u>\$4,772.12</u>	_____
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	_____
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$512.18</u>	_____

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**5. Net income from operating a business, profession, or farm**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	_____		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— _____		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	_____	Copy here →	<u>\$0.00</u>

**6. Net income from rental and other real property**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	_____		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— _____		
Net monthly income from rental or other real property	<u>\$0.00</u>	_____	Copy here →	<u>\$0.00</u>

**7. Interest, dividends, and royalties**\$0.00**8. Unemployment compensation**\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....↓

For you..... \$0.00

For your spouse..... \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.\$0.00**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

_____	_____	_____
_____	_____	_____

Total amounts from separate pages, if any.

+ \_\_\_\_\_ + \_\_\_\_\_

**11. Calculate your total current monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

<u>\$5,284.30</u>	+	<u>          </u>	=	<u>\$5,284.30</u>
Total current monthly income				

Debtor 1 Kristin Deanne Omdahl-Sheriff

Case number (if known) \_\_\_\_\_

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. \$5,284.30

Multiply by 12 (the number of months in a year).

**X 12**

12b. The result is your annual income for this part of the form.

12b. \$63,411.60**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

South Dakota

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... 13.

\$86,627.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** /s/ Kristin Deanne Omdahl-Sheriff  
Kristin Deanne Omdahl-Sheriff, Debtor 1**X** \_\_\_\_\_  
Signature of Debtor 2Date 3/20/2019  
MM / DD / YYYYDate \_\_\_\_\_  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.